

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

12740

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Haw Primary Registration District No. 100 File No. 1681
 City Wass, City No. 700 Gen. Hosp. # 2 Registered No. 1681
 St. _____ Ward _____

2. FULL NAME

Clifford C. Casey
 (a) Residence, No. 1227 Highland St., 2 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 80 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widower

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
89 10 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Mo.

13. NAME George Clifford Casey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Record Clerk (ADDRESS) Gen. Hosp. # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Topeka, Kans. DATE April 25 1932

19. UNDERTAKER West, Appleton & Jones (ADDRESS) 1600 W. 19 St.

20. FILED 4-22-32 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/20/32

22. I HEREBY CERTIFY, That I attended deceased from 4/6/32, 19____, to 4/20/32, 19____.
 I last saw him alive on 4/20/32, 19____. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency Date of onset _____
Senile Dementia
 Other contributory causes of importance: _____

Name of operation None Date of _____
 What test confirmed diagnosis Labi + clinical Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) D. M. Miller, M. D.
 (Address) Gen. Hosp. # 2

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

